

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7132 STATE FILE NUMBER 0050837

FILED JAN 17 1964

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>60 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1441 INDEPENDENCE AVE LONG NURSING HOME</u>		d. STREET ADDRESS (If outside, give location) <u>1607 EAST 33RD STREET</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>WASHINGTON</u> Last <u>MOORE</u>		4. DATE OF DEATH Month <u>DECEMBER</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/7/1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DECORATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INTERIOR DECORATING</u>	
11a. FATHER'S NAME <u>FRANCIS P. MOORE</u>		11b. MOTHER'S MAIDEN NAME <u>EMMA BENNETT</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>IDA M. MOORE, 1607 E. 33RD ST. K.C.MO</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 years</u> <u>14 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:02</u> a.m. <u>PM</u> Month, Day, Year <u>10-15-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1331 BRUSH CREEK</u>		20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u>	
21. I attended the deceased from <u>10-15-63</u> to <u>12-29-63</u> and last saw her alive on <u>12-29-63</u> Death occurred at <u>3:02 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>12-29-63</u>	
23a. SIGNATURE <u>Paul Laurence Newcomer</u>		23b. ADDRESS <u>428 S. White Ave</u>	
23c. NAME OF CEMETERY OR CREMATORIUM <u>W. NEWCOMER'S SONS</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-31-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
1-8-64
Burial- Mt. Washington Cem.
1-8-64
Cremation D.W. Newcomer's Sons
1-8-64

BY AFFIDAVIT OF Funeral Director
Paul Laurence Newcomer

7580700

Dr. Frank Paul Lawrence
428 West N. 1st St. Council
Bluffs, Nebraska
Burial in City Cemetery.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Orling M. Dineff

Licensed Embalmer No. 3566

P. O. Address Kennett City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.